

MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied **EXACTLY**, PHYSICIANS should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. Exact statement of **OCCUPATION** is very important. See instructions on back of certificate.

¹ PLACE OF DEATH
County Dorchester

Village or City Vienna, (No.)

²FULL NAME Annie Elizabeth Bell.

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow.

6 DATE OF BIRTH
September 18th., 1850.
(Month) (Day) (Year)

7 AGE
81 yrs. 2 mos. 17 ds. or min?

If LESS than
1 day hrs.

8 OCCUPATION
(a) Trade, profession or
particular kind of work Housewife.
(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE
(State or country) Maryland.

10 NAME OF
FATHER George Bennett.

11 BIRTHPLACE
OF FATHER
(State or country) Maryland.

12 MAIDEN NAME
OF MOTHER Sallie Ann Marine.

13 BIRTHPLACE
OF MOTHER
(State or country) Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elwood Bell, (Son.)
(Address) Vienna, Maryland.

15 Filed Dec. 15th 1931. Elizabeth W. Braggs
Local Registrar

14322

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 112.

St. Ward) (If death occurred in
a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 15th., 1931.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from December 12th 1931 to December 15th 1931, that I last saw her alive on December 15th 1931, and that death occurred on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH * was as follows:
Chronic Interstitial Nephritis.

(Duration) 3 yrs. mos. ds.

Contributory
Secondary

Edward S. Lankum M.D.
(Signed) Edward S. Lankum M.D.
12/15/31 (Address) Vienna, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Brookview, Md.

DATE OF BURIAL 12/17/31

20 UNDERTAKER Willoughby & Son.

ADDRESS E. N. Market, Md.

REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return 'Labourer', "Foreman," "Manager," "Dealer," "etc.", without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housenmaid*, etc. If the occupation has been changed or given up on account of the DISEASE Causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

tired 6 yrs). For persons who have no occupation whatever, write *None*.

unqualified, is indefinite); *Tuberculosis* of lungs, meninges, peritoneum, etc., "Carcinoma," "Sarcoma," etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vulgar heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mumps* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary 10 ds.). Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Corna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be used EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

¹ PLACE OF DEATH
County Dorchester

Village or City Vienna, R.D. (No.)

²FULL NAME Augusta Boevers.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow.
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6 DATE OF BIRTH

March 14th., 1839.
(Month) (Day) (Year)

7 AGE 92 yrs. 9 mos. 17 days.	If LESS than 1 day hrs. or min.?
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8 OCCUPATION (a) Trade, profession or particular kind of work Housewife.
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Germany.

10 NAME OF FATHER -----Laumba.

11 BIRTHPLACE OF FATHER (State or country) Germany.
--

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (State or country) Germany.
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Boevers. (Son.)

(Address) Preston, Md.

15 Filed 12/31/31. MD Local Registr.

14323

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 112.

St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 31st., 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from January 1st, 1927 to December 29th, 1931, that I last saw her alive on December 29th, 1931, and that death occurred on the date stated above, at 2:20 P.m.

The CAUSE OF DEATH * was as follows:

Chronic Interstitial Nephritis.
Bedridden for 11 months.

(Duration) 4 yrs. mos. ds.

Contributory Secondary General Sepsis. Multiple bed-sores.

(Signed) Edward B. Lankin M.D.
Dec. 31st, 1931 (Address) Vienna, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Vienna, Maryland.

DATE OF BURIAL 1/3/32.

20 UNDERTAKER Frampton & Son. Federalsburg, Md.

ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Tanner* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manger," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former retired 6 yrs.* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanctasis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A file the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 14324				
1. PLACE OF DEATH				
County <u>Dorchester</u> Registration Dist. No. <u>116</u>				
Village or City <u>Cambridge Md.</u> Ward _____				
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth _____ yrs. _____ mos. _____ ds.				
(If death occurred in a hospital or institution, give its NAME instead of street and number) <u>In Hospital 4 hours at this time</u>				
2. FULL NAME <u>Jane Brown.</u>				
(a) Residence: No. _____ St., Ward. <u>Easton, Md.</u>				
If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male Colored</u>	4. COLOR OR RACE <u>Woman</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5a. If married, widowed, or divorced HUSBAND of <u>Mary Brown</u> (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) <u>Jan 23, 1907</u>				
7. AGE <u>24 25</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Tanner</u>	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
OCCUPATION <u>8/16</u>	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Ga.</u>				
13. NAME <u>Alexander Brown</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Ga.</u>				
15. MAIDEN NAME <u>Zola Hawley</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Ga.</u>				
17. INFORMANT (Address) <u>Hospital Records.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Easton Md.</u> Date <u>Dec 31, 1931</u>				
19. UNDERTAKER (Address) <u>Custom, Md.</u>				
20. FILED <u>Dec 29, 1931</u> Registrars				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH <u>Dec. 28</u> (Month) <u>1931</u> (Day) <u>1931</u> (Year)				
22. I HEREBY CERTIFY. That I attended deceased from <u>12/28</u> , 1931, to <u>12/28</u> , 1931; death is said to have occurred on the date stated above, at <u>8:45 P.M.</u>				
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
<u>Perforation of intestine</u>				
Date of onset				
Other Contributory Causes of importance:				
<u>Subacute Bilitis</u>				
Name of operation <u>Exploratory Surgery</u> Date of <u>10/18/31</u>				
What test confirmed diagnosis? Was there an autopsy? <u>No</u>				
23. If death was due to external causes (VIOLENCE) fill in also the following:				
Accident, suicide, or homicide? <u>No</u> Date of Injury <u>1931</u>				
Where did Injury occur? (Specify city or town, county and State)				
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.				
Manner of injury				
Nature of injury				
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>				
If so, specify (Signed) <u>Henry Still</u> M. D. (Address) <u>Cambridge Md.</u>				

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows: *LIVED JAN 7 1932 BUREAU V.B.*

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

1 PLACE OF DEATH

County DorchesterVillage or City Lumberton23 STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 1162 FULL NAME Mildred Sohee

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) Married6 DATE OF BIRTH June 27(Month) June (Day) 27 (Year) 19017 AGE 30 yrs. 5 mos. 26 ds.If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE
(State or country) Maryland10 NAME OF FATHER Thomas Collison11 BIRTHPLACE OF FATHER
(State or country) Maryland12 MAIDEN NAME OF MOTHER Olie Brown13 BIRTHPLACE OF MOTHER
(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital records(Address) Eastern Shore State Hospital15 Filed 12/23/1931S. E. Dwyer

Registrar

14325

STATE OF MARYLAND
CERTIFICATE OF DEATH16 DATE OF DEATH December 23rd, 1931(Month) December (Day) 23 (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from April 20, 1931 to December 23, 1931, that I last saw her alive on December 23, 1931, and that death occurred on the date stated above, at 4:50 A.M.. The CAUSE OF DEATH * was as follows:Pulmonary tuberculosis(Duration) About 6 yrs. 6 mos. 0 ds.Contributory
SecondaryPneumonia(Duration) 7 yrs. 0 mos. 0 ds.(Signed) J. Charles Lapierre M. D.
Dec 23, 1931 (Address) Lumberton

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 7 yrs. 3 mos. 0 ds. In the State LifETIMEWhere was disease contracted, if not at place of death? Burlock BldgFormer or usual residence Burlock Bldg

19 PLACE OF BURIAL OR REMOVAL

Burkeville DATE OF BURIAL Dec 26, 1931

20 UNDERTAKER

H. J. Willoughby ADDRESS East 9th Market

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marsasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *septic tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14326

1. PLACE OF DEATH

County Dorchester Co.

92-a

Registration Dist. No. 111

Village or City Hurlock, Md (near Shiloh)

St,

Ward

Length of residence in city or town where death occurred

yrs mos. ds. How long in U.S. if of foreign birth? X yrs. X mos. X ds.

2. FULL NAME

Essie May Conway

(a) Residence: No.

Hurlock, Md (near Shiloh)

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 19 yrs	Months 11	Days 5	If LESS than 1 day, X min.
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OCCUPATION
 8. Trade, profession, or particular kind of work done, es SPINNER,
SAWYER, BOOKKEEPER, etc. Housework
 9. Industry or business in which work was done, es SILK MILL,
SAW MILL, BANK, etc. House Keeping
 10. Date deceased last worked at this occupation (month and year) Oct 83

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town)
(State or country) East New Market

Dorchester Co., Md

13. NAME Richard Conway

14. BIRTHPLACE (city or town)
(State or country) Dorchester Co.

Md

15. MAIDEN NAME Myrtle Henry

Dorchester Co.

Md

17. INFORMANT Myrtle Henry Conway

(Address) Hurlock, Md. MD

18. BURIAL, CREMATION, OR REMOVAL

Place Thompsontown, Md. Date 1/2/32

19. UNDERTAKER Howard H. Mulloghby

(Address) East New Market

20. FILED 1/3/32, 19

H. E. Parker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec.

(Month)

31

(Day)

1931

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec 20th, 1931, to Dec 31, 1931

I last saw her alive on Dec 28th, 1931; death is said

to have occurred on the date stated above, at 1:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Mitral Stenosis of heart

Other Contributory Causes of importance:

Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) J. B. Mardon

(Address) Preston, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14327

1. PLACE OF DEATH

County Norchester
Village or City Galestown

108

Registration Dist. No. 108

108

St. WardLength of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME William D. Dunn.

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Bachelor5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Dunn.6. DATE OF BIRTH (month, day, and year) Feb 13, 1846

7. AGE

Years 85Months 10Days 12If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
Farmer.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Dec 2011. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Delaware

MOTHER / FATHER

13. NAME Thomas Dunn.

Mt.

14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Royce

Md.

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Thomas W. Dunn.(Address) 4439 N. Marshall St. Phila.

18. BURIAL, CREMATION, OR REMOVAL

Place Gwynedd Date Dec 27, 193119. UNDERTAKER T. A. Groenewold & Son(Address) Gwynedd, Md.20. FILED Dec 27, 1931 J. H. Roastingo

A. S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 25

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec 20, 1931, to Dec 24, 1931I last saw him alive on Dec 24, 1931; death is said
to have occurred on the date stated above, at 10 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Lobular Pneumonia

Date of onset

Dec 20, 1931

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Tipton M. D.(Address) 105 Tipton Ind

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	Feb. 6, 1927
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14328

1. PLACE OF DEATH

County Dorchester

Registration Dist. No. 110

Village or City nr. Hurlock

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Fletcher (stillborn)

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec. 6, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
				Stillborn

OCCUPATION <i>(None)</i>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md.

13. NAME John Milbert Fletcher

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME Lecla May Farrow

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

Josephine Johns
(Address) Preston Md R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place *Johns Cemetery* Date *Dec 6*, 1931

19. UNDERTAKER

John Milbert Fletcher
(Address) Hurlock Md R.D.

20. FILED

Not filed, 19 Robert L. Hastings
Regular

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 6, 1931
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw b. alive on , 19; death is said to have occurred on the date stated above, at *Without medical attendance*.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

stillbcrn

Other Contributory Causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury , 19

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Robert L. Hastings, M.D.*
(Address) *Hurlock Md*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14329

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md., R. F. D. No.

Registration Dist. No. II6

Length of residence in city or town where death occurred 24 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza J. Gibson.

(a) Residence: No. Cambridge, Md.,
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
---------------	------------------------	---

5c. If married, widowed, or divorced
HUSBAND of (or) WIFE of The Late Columbus Gibson.

6. DATE OF BIRTH (month, day, and year) September 23, 1844

7. AGE Years 87	Months 2	Deys 10	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. X	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None	
10. Date deceased last worked at this occupation (month and year) X	11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Greensbury Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza Linthicum.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Herbert Robinson.
(Address) Cambridge, Md., R. F. D.18. BURIAL, CREMATION, OR REMOVAL
Place Church Creek, Md. Date 12/15/3119. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.

20. FILED Dec. 15, 1931 E. E. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 13th 1931.
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 8, 1931, to Dec 10, 1931
last saw her alive on Dec 12, 1931; death is said
to have occurred on the date stated above, at 6.05 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic Intercostal
Pneumonia

Date of onset 1930

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (EXTERNAL) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John H. Steiner M. D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	JAN 7 1932
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH
County Baltimore

Village or City Cambridge (No.)

2 FULL NAME Ella Haudy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
--------	-----------------------	---

6 DATE OF BIRTH

Nov. 4, 1915
(Month) (Day) (Year)

7 AGE

16 yrs. 1 mos. 8 ds. If LESS than
1 day hrs.
or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work none
(b) General nature of industry business, or establishment in which employed or (employer) not working

9 BIRTHPLACE
(State or country)Md.

10 NAME OF FATHER

Richard Haudy11 BIRTHPLACE OF FATHER
(State or country)Kent County Delaware

12 MAIDEN NAME OF MOTHER

Sallie Russell13 BIRTHPLACE OF MOTHER
(State or Country)Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. M. P. Haudy(Address) Federalsburg, Md.15 Filed Dec. 12, 1921 E. Elwolff
Registrar

WITHIN CORPORATE LIMITS, 154

14330

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 116

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 12th, 1921
December (Month) 11 (Day) 1921 (Year)17 I HEREBY CERTIFY, That I attended the deceased from Nov. 24 1921 to Dec. 11, 1921, that I last saw her alive on Dec. 11, 1921,and that death occurred on the date stated above, at H. A.

The CAUSE OF DEATH was as follows:

nephritis -Contributory
Secondarygenit. infection from syphilis(Signed) John Steele M. D.
12/12/21 (Address) Cambridge Md.*State the Disease Causing Death, or, In deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 13 yrs. 13 mos. 13 ds. In the State 13 yrs. 13 mos. 13 ds.Where was disease contracted,
if not at place of death?Former or usual residence Federalsburg, Md.19 PLACE OF BURIAL OR REMOVAL Federalsburg Md.DATE OF BURIAL 12/12, 192120 UNDERTAKER J. J. Franklin SonADDRESS Federalsburg Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Woman at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary)*, may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-s. inhl meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds., Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *septes, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. ACE should be printed EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH
County Dorchester

Village or City Vienna, R.D.
No. 23

FULL NAME Ballie A. Harris.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White MARRIED, MARRIED, WIDOWED, DIVORCED (Write the word) Married

DATE OF BIRTH August 8th, 1881
(Month) (Day) (Year)

AGE 50 yrs. 4 mos. 13 ds. or min. IF LESS than 1 day hrs.

OCCUPATION Trade, profession or particular kind of work Housewife.

BIRTHPLACE (State or country) MARYLAND

PARENTS NAME OF FATHER Robert Messick

BIRTHPLACE OF FATHER MARYLAND

MAIDEN NAME OF MOTHER Olivia Bozman

BIRTHPLACE OF MOTHER MARYLAND

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant John J. Harris, Husband
(Address) Vienna, Md.

Filed Dec 26 1931 Elizabeth H. Beale
Regis...

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

14331

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 1125

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 21 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from 192... to 192...
that I last saw h..... alive on 192...
and that death occurred on the date stated above, at 11 P.M.

CAUSE OF DEATH * was as follows:
Otolaryngary Tuberculosis
(No Physician in attendance)
(Duration) 3 yrs. mos. ds.

Contributory Secondary
(Signed) Edward E. Lankester, M.D.
(Address) Vienna, Md.

Date of death, place, name of physician, cause of death, violent cause, state (1) manner of injury and (2) whether accidental, suicidal or homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Reids Grove, Md. DATE OF BURIAL DEC 25 1931

UNDERTAKER Holloughby & Son. ADDRESS E.N. Market, Md.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Surveyor, foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the ~~MS.~~ EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, menses, peritonaeum, etc., Canceroma, Sarcoma, etc.* of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic tubular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Cora," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A file stamp is essential and must be obtained before the certificate is permanently filed.

JAN 6 1912

BUREAU

MARGIN RESERVED FOR BINDING

M
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Baltimore

Village or City Thomas (No.)

2 FULL NAME

Infant Hill

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
----------------	------------------------------	---

6 DATE OF BIRTH

Oct. 14, 1931
(Month) (Day) (Year)

7 AGE
yrs. 3 mos. 10 If LESS than
1 day hrs.
ds. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE
(State or country)

Md.

10 NAME OF FATHER

Willie Hill

11 BIRTHPLACE OF FATHER
(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Mildred Cannon

13 BIRTHPLACE OF MOTHER
(State or Country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James Hill

(Address)

Thomas Md.

15 Filed Dec. 24, 1931

Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No.

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 24, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec 23, 1931 to Dec 24, 1931, that I last saw him alive on Dec 23, 1931, and that death occurred on the date stated above, at 8 A.M.. The CAUSE OF DEATH * was as follows:

Bronchitis pneumonia

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory
Secondary

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) John Moore Jr. M. D.

Dec 14, 1931 (Address) Cottage 306

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

19 PLACE OF BURIAL OR REMOVAL

Spedden's Burlying Ground Dec. 26, 1931

DATE OF BURIAL

20 UNDERTAKER

Willie Hill ADDRESS Thomas, Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return “*Laborer*,” “*Foreman*,” “*Manager*,” “*Dealer*,” etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmied*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is “*Epidemic cerebro-spinal meningitis*”); *Diphtheria* (avoid use of “*Croup*”); *Typhoid fever* (never report “*Typhoid Pneumonia*”); *Lobar pneumonia*, *Bronchopneumonia* (“*Pneumonia*”;

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); “*Cancer*” is less definite; avoid use of “*Tumor*” for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as “*Asthenia*,” “*Anæmia*” (merely symptomatic), “*Atrophy*,” “*Collapse*,” “*Coma*,” “*Convulsions*,” “*Debility*” (“*Congenital*,” “*Senile*,” etc.), “*Dropsey*,” “*Exhaustion*,” “*Heart failure*,” “*Haemorrhage*,” “*Inanition*,” “*Marasmus*,” “*Old Age*,” “*Shock*,” “*Uraemia*,” “*Weakness*,” etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as “*PUERPERAL septicæmia*,” “*PUERPERAL peritonitis*,” etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *septis, tetanus*) may be stated under the head of “*contributory*.” (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14332

1. PLACE OF DEATH

County DorchesterVillage or City Bishop's Head, Md.

119

Registration Dist. No. 119

119

St. Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Alva Jean Jones

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 2, 1931

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.7 13

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Md.

MOTHER FATHER

13. NAME

Ralph Jones14. BIRTHPLACE (city or town)
(State or country)Md.

15. MAIDEN NAME

Clothes Miller16. BIRTHPLACE (city or town)
(State or country)Md.17. INFORMANT
(Address)Mrs Ralph Jones

18. BURIAL, CREMATION, OR REMOVAL

Place Bishop's Head, Md. Date Dec 17, 193119. UNDERTAKER
(Address)Frank E. Altamirano20. FILED
See 16, 1931Wilford & PritchettLocal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec - 16 - 1931

(Month)

(Day)

1931
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec - 16 - 1931 to one week, 1931.I last saw her alive on Dec - 16 - 1931; death is said to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Meningitis

Date of onset

Other Contributory Causes of importance:

Gastritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Joe J. Jones M. O.(Address) Orchard - Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows: *CORONARY*

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	JAN 2 1932
Cerebral hemorrhage	July 5, 1927
BUREAU V.	

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

Moy 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1933-12-15
1933-12-15
1933-12-15
1933-12-15

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14333

1. PLACE OF DEATH

County Dorchester WITHIN CORPORATE LIMITS OF

(131)

Registration Dist. No. 116Village or City CambridgeLength of residence in city or town where death occurred 2 3 yrs.No. 28 Park Lane St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? ys. mos. ds.2. FULL NAME William Goldie Kane(a) Residence: No. 28 Park Lane St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

male

colored

married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofFatty Kane

6. DATE OF BIRTH (month, day, and year)

March 2 1862

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

49

9

11

OCCUPATION

24

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

24 years ago

11. Total time (years)
spent in this
occupationGeneral Labor

12. BIRTHPLACE (city or town)

(State or country)

Golden Hill

MOTHER

FATHER

Dorchester Co Md

Dorchester Co Md

13. NAME

Daniel Kane

14. BIRTHPLACE (city or town)

(State or country)

Golden Hill

Dorchester Co Md

Dorchester Co Md

15. MAIDEN NAME

Jeany Cyphas

16. BIRTHPLACE (city or town)

(State or country)

Golden Hill

Dorchester Co Md

Dorchester Co Md

17. INFORMANT

Dannie Kane(Address) 28 Park Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Waugh Cemetery Date Dec 15, 1931

19. UNDERTAKER

(Address) Mrs. Clark

20. FILED

(Address) Dec. 15, 1931 E. E. Clark

Registrar.

21. DATE OF DEATH

December131931

22. I HEREBY CERTIFY. That I attended deceased from

May 5 - 1931 to December 13, 1931I last saw him alive on December 13, 1931; death is said
to have occurred on the date stated above, at 8:30 am.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Gastritis
Myocarditis

Date of onset

1930

1931

Other Contributory Causes of importance:

Pulmonary congestion 12-8-31
Enteritis 11-5-31Name of operation: none

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Carroll West Clark M. D.
(Address) Town + Cedar Sts.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

(7) WRITE ONLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Dorchester

WITHIN CORPORATE LIMITS OF

14334

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No.

116

Village or City

Cambridge (No. Cambridge Hospital)

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Pauline D. Kenton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED

(Write the word)

Single

6 DATE OF BIRTH

March 26, 1901
(Month) (Day) (Year)

7 AGE

30 yrs. 8 mos. 28 ds.if LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Radium worker

(b) General nature of industry business, or establishment in which employed or (employer)

Radium watch dial concern.

9 BIRTHPLACE

(State or country)

Pennsylvania

PARENTS

10 NAME OF FATHER

E. J. Kenton

11 BIRTHPLACE OF FATHER

(State or country)

Pennsylvania

12 MAIDEN NAME OF MOTHER

Mary Kohler

13 BIRTHPLACE OF MOTHER

(State or Country)

Iowa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Mrs. E. J. Kenton(Address) Comerhill Md.15 Filed Dec. 24 1931E. El Wolf
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 23, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 15, 1931 to Dec 23, 1931,
that I last saw her alive on Dec 23, 1931,and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH * was as follows:

Radium Poisoning(Duration) 9 yrs. mos. ds.Contributory
SecondarySarcoma of Pelvis(Duration) 1 yrs. mos. ds.

(Signed)

John Macie Jr. M. D.
12/23/31 (Address) Cambridge Md.*State the Disease Causing Death, or, In deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 1 yrs. 1 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.Where was disease contracted,
if not at place of death?Illinoian

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
Green Lawn Cemetery
Cambridge, Md.

DATE OF BURIAL

12/26/31

20 UNDERTAKER

Granville S. LeCompte,

ADDRESS

Cambridge, Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia";

JAN 7 1932

BUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14335

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge, Md.

Registration Dist. No. 116

St.

Ward

No. Cambridge Maryland Hospital.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 2 ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Audrey May LeCompte.

(a) Residence: No. Linkwood, Md.
(Usual place of abode)

St. I4 Ward.

Salem, Md.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
---------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, end year) Sept. 17th 1924.

7. AGE Years 7	Months 3	Days 6	If LESS than 1 day, hrs. or min.
----------------	----------	--------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) XX

11. Total time (years) spent in this occupation XX

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Olin N. LeCompte

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Hilda May Harper

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Olin N. LeCompte
(Address) Linkwood, Md.,18. BURIAL, CREMATION, OR REMOVAL
Place Hurlock, Md. Date 12.26.3119. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.

20. FILED Dec 31, 1931 E. Wolff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December Month 23rd Day Year 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 ; death is said to have occurred on the date stated above, at 2:35 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Fracture of Base of skull

Comp. Fracture of left tibia.

Other Contributory Causes of Importance:

Name of operation Data of
What test confirmed diagnosis? X-ray Was there an autopsy? No23. If death was due to external cause (VIOLENCE) tell also the following:
Accident, suicide, or homicide? Accident Date of injury 12/21, 1931Where did injury occur? Linkwood
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public County road

Manner of injury Knocked down by auto

Nature of Injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify R. M. Joiner P.C.(Signed) E. Wolff M. D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	JAN 7 1928	Date of onset	1915
Chronic interstitial nephritis			1921
Cerebral hemorrhage			July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Dorchester

14336
91
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 116
Village or City Cambridge (Name of town or city)
Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel LeCompte

PERSONAL AND STATISTICAL PARTICULARS**3 SEX**

4 COLOR OR RACE Male white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH

Sept - 28, 185
(Month) (Day) (Year)

7 AGE

72 yrs. 2 mos. 29 ds. If LESS than
1 day hrs. or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE
(State or country)**10 NAME OF FATHER****11 BIRTHPLACE OF FATHER**
(State or country)**12 MAIDEN NAME OF MOTHER****13 BIRTHPLACE OF MOTHER**
(State or Country)**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**(Informant) Hospital records(Address) Eastern Shore State Hosp**15 Filed** Dec. 28 1931 S. E. Woff
Register**MEDICAL CERTIFICATE OF DEATH****16 DATE OF DEATH**

December 27, 193
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended the deceased from April 3rd, 193, to December 27, 1931,

that I last saw him alive on December 27, 1931, and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH * was as follows:

Cerebral arterio-sclerosis

About

(Duration) 4 yrs. mos. ds.

Contributory
Secondary

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
(Signed) J. Charles Lapierre M. D.
At place of death Dec 27 1931 (Address) Cambridge Md

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

19 PLACE OF BURIAL OR REMOVAL In the State Lifetime
20 UNDERTAKER Granville S. LeCompte **ADDRESS** Cambridge Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirizer, (b) Cotton mill; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

JAN 7 1932

B

READ
If this certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECOMMENDATIONS
Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *septic telangiectasis*) may be stated under the head of "contributory."*

Approved by Committee on Nomenclature of the American Medical Association.)

STATE OF MARYLAND—CERTIFICATE OF DEATH

14337

1. PLACE OF DEATH

County Carroll
 Village or City Cambridge
 Length of residence in city or town where death occurred 15 yrs.

23

Registration Dist. No.

116

St. Ward
ds. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.No. 314 High

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. 314 High
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

male

colored

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMolley McCarter

6. DATE OF BIRTH (month, day, and year)

Oct 12 1893

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

38

2

0

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Gen Labour9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Sept 193111. Total time (years)
spent in this
occupation 28

12. BIRTHPLACE (city or town)

(State or country)

AntiochCarroll Co Md

13. NAME

Rawley McCarter

14. BIRTHPLACE (city or town)

(State or country)

RichmondVa

15. MAIDEN NAME

Elizabeth Washington

16. BIRTHPLACE (city or town)

(State or country)

AntiochMd

17. INFORMANT

Elizabeth McCarter

(Address)

426 B High St

18. BURIAL, CREMATION, OR REMOVAL

Antioch Md

Date

Dec 15, 1931

19. UNDERTAKER

Lewis Bayne

(Address)

Cambridge Md

20. FILED

Dec 15, 1931Erway

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December121931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 ;

I last saw him alive on , 19 ; death is said

to have occurred on the date stated above, at 12:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Tubulo - in - Am Pulmonary S. B

Date of onset

1931

1931

Other Contributory Causes of importance:

Enteritis

11-29-31

Name of operation _____ Data of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide? _____ Data of injury _____, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Carroll M. McCarter M. D.(Address) Carroll M. McCarter M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JAN 7 1932

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Date of onset	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STAMPS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Dorchester

14338

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 660

Village or City Dear Henlock (No.)2 FULL NAME Not married

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word)undetermined White

6 DATE OF BIRTH

Dec. 8, 1931
(Month) (Day) (Year)

7 AGE

Sixteen 2 months
yrs. mos. da. or min. ?If LESS than
1 day... hrs.
or min. ?

8 OCCUPATION

(a) Trade, profession or
particular kind of work.....
(b) General nature of industry
business, or establishment in
which employed or (employer).....

None

9 BIRTHPLACE

(State or country)

Md

10 NAME OF FATHER

H.W. Medford

11 BIRTHPLACE OF FATHER
(State or country)

Md

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient; e. g., *Farmer* or *Planter*; *Physician*, *Surgeon*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary firemen*, etc. But in many cases, especially in industrial雇佣s, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Part-time laborer*, *Leborer—Coal mine*, etc. Women at home, who are engaged in the duties of the "household only" (not paid *Housekeepers* who receive a definite salary) may be entered as *Servant*, *Housework*, or *At Home*, and children, not gainfully employed as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Maid*, etc. If the occupation has been changed, or given, take account of the disease causing death, state occupation at beginning of illness. If retired from business, list it, if may be indicated thus: *Farmer* (*Retired* to *65*). For persons who have no occupation whatever write *None*.

State Name of Nurse of Death—Name, first, the disease category, disease (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrosplenic fever* (the only definite synonym is "Epidemic cerebro-splenic meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchiopneumonia* ("Pneumonia")

JAN 5 1932

RECEIVED
BUREAU

"unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Infection," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

M

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T
V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH
County Baltimore

Village or City Cabri Beach (No.) near East New Market

2 FULL NAME Martin W Merrick

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
-------------------	------------------------------	--

6 DATE OF BIRTH Jan 15
(Month) (Day) (Year) 1853

7 AGE 78 yrs. 11 mos. ds. If LESS than
1 day.... hrs.
or.... min.?

8 OCCUPATION Painter
(a) Trade, profession or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed or (employer) Painting

9 BIRTHPLACE Md.
(State or country)

10 NAME OF FATHER Jackie Merrick

11 BIRTHPLACE OF FATHER Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Marvel

13 BIRTHPLACE OF MOTHER Md.
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Littleton
(Address) East New Market

15 Filed Dec 14 1921 H. E. Oakey, M.D.
Registrar

14339

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 111

St. _____ Ward) (If death occurred in
a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 12, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
1921 to 1921,
that I last saw him alive on 10/12, 1921,

and that death occurred on the date stated above, at m.
The CAUSE OF DEATH * was as follows:

Intestinal Soakings

Contributory Secondary World War (Duration) yrs. mos. ds.

Chronic Bronchitis (Duration) yrs. mos. ds.

(Signed) Henry Steele M. D. Cambridge Md. (Address)

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Harrods DATE OF BURIAL Dec 14, 1921

20 UNDERTAKER H. H. Muloughley ADDRESS C. N. Market

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-stinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia",

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All this data is essential and must be obtained before the certificate is permanently filed.

JAN 8 1932

BUREAU

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 14340				
1. PLACE OF DEATH				
County	Dorchester		Registration Dist. No. 116	
Village or City	Cambridge		St.,	Ward
Length of residence in city or town where death occurred		Yrs.	mos.	ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
No. How long in U.S. if of foreign birth? yrs. mos. ds.				
2. FULL NAME Ellery Nichols				
(a) Residence: No.	Cambridge		St.	Ward.
(Usual place of abode)				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Male	Colored	SINGLE		
6. DATE OF BIRTH (month, day, and year)				
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	about 82			
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
Father	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
Mother	10. Date deceased last worked at this occupation (month and year)			
	11. Total time (years) spent in this occupation			
	12. BIRTHPLACE (city or town) (State or country)			
	13. NAME William Nichols			
	14. BIRTHPLACE (city or town) (State or country)			
	15. MAIDEN NAME Gleasen Nichols			
	16. BIRTHPLACE (city or town) (State or country)			
	17. INFORMANT Glendale Escapte			
	18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date Dec. 17, 1931			
	19. UNDERTAKER Lewis Bayne (Address) Cambridge, Md.			
	20. FILED Dec. 17, 1931 E. E. Wolff Registrar			
No. If nonresident give city or town and State				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH Dec. 15, 1931 (Month) (Day), (Year)				
22. I HEREBY CERTIFY That I attended deceased from Dec. 13, 1931, to Dec. 15, 1931, I last saw him alive on December 13, 1931, death is said to have occurred on the date stated above, at 8 P.M.				
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
Senility Arterio-sclerosis, cancer				
Date of onset				
Other Contributory Causes of importance:				
None				
Name of operation None Date of				
What test confirmed diagnosis? None Was there an autopsy? No				
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury, 19				
Where did injury occur? (Specify city or town, county and State)				
Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.				
Manner of injury				
Nature of injury				
24. Was disease or injury in any way related to occupation of deceased?				
If so, specify Mrs. George C. E. E. Wolff M. D.				
(Signed)				
(Address)				

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	1921
Cerebral hemorrhage JAN 7 1932	July 5, 1927

BUREAU V.B
Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14839

113

Registration Dist. No.

~~N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.~~

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Dorchester

Village or City Taylors Island

Length of residence in city or town where death occurred 68 yrs.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Mundy

(a) Residence: No. Taylors Island

St. Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
---------------	--------------------------	---

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

William Mundy

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	16	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPEPER, etc.	Answers	Date of onset
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) Lakesville Md13. NAME George Moore
14. BIRTHPLACE (city or town)
(State or country) Cambridge Md15. MAIDEN NAME Julia Ennis
16. BIRTHPLACE (city or town)
(State or country) Taylors Island Md17. INFORMANT Ernest Mundy
(Address) Taylors Island18. BURIAL, CREMATION, OR REMOVAL
Place Taylors Island Date Dec 4, 193119. UNDERTAKER H. M. St. Clair
(Address) Cambridge Md20. FILED 12/2 1931 John R. Reid
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 2, 1931

22. I HEREBY CERTIFY. That I attended deceased from November 30, 1931, to December 2, 1931

I last saw him alive on December 2, 1931; death is said to have occurred on the date stated above, at 12:05 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Anterovascular	Date of onset
Chronic Valvular Heart Disease	1915
Chronic Gastritis	1928
	1929

Other Contributory Causes of importance

Ischaemic	11-7-31
Cerebral congestion	11-29-31

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carroll McElroy M. D.
(Address) 9th & E. 20th St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1922

MAR 7 1922

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M 1 PLACE OF DEATH
County Dorchester

Village or City Gardiner Eastern Shore State Hospital

2 FULL NAME Marie Nelson

14341

93-C

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 116

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

May 26 1864
(Month) (Day) (Year)

7 AGE

67 yrs. 6 mos. 17 ds. or min. If LESS than
1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE
(State or country)

10 NAME OF
FATHER

11 BIRTHPLACE
OF FATHER
(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE
OF MOTHER
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Records

(Address) Eastern Shore State Hospital

15 Filed Dec. 13 1931 E. E. Weyers

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 13 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from November 22 1931 to December 13, 1931, that I last saw her alive on December 13, 1931, and that death occurred on the date stated above, at 11:45 A.M.. The CAUSE OF DEATH was as follows:

Acute Cholecystitis
Coccidioides unknown
about
(Duration) yes mos. ds.

Contributory
Secondary
Chronic myocarditis
about
(Duration) yes mos. ds.

(Signed) Charles Lapierre M. D.
Dec. 13 1931 (Address) Gardiner

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death Elkton years months days In the Unknown State years months

Where was disease contracted if not at place of death? Elkton Maryland

Former or usual residence Elkton Maryland

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Berry Hill Dec. 16, 1931

20 UNDERTAKER ADDRESS

A. J. Abernathy Elkton

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirerer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "*Epidemic cerebro-spinal meningitis*") ; *Diphtheria* (avoid use of "*Group*"); *Typhoid fever* (never report "*Typhoid Pneumonia*"); *Lobar pneumonia*, *Bronchopneumonia* ("*Pneumonia*,"

RECEIVED
JAN 7 1932

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14342

1. PLACE OF DEATH

County OxfordVillage or City CambridgeLength of residence in city or town where death occurred 69 yrs.

93-2

Registration Dist. No. 116No. 2 Skinner's Ct, St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 5 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.2. FULL NAME Edward Nicholas(a) Residence: No. 2 Skinner's Ct

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

male

colored

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCatharine Nicholas

6. DATE OF BIRTH (month, day, and year)

Nov 5 1862

7. AGE

Years 69Months 1Days 5If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Gen. Labour9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc.Silk Mill

10. Date deceased last worked at this occupation (month and year)

Jan 193011. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town)

(State or country)

Cambridge

MOTHER

FATHER

13. NAME Edward Nicholas

14. BIRTHPLACE (city or town)

(State or country)

Church Creek15. MAIDEN NAME Easter (?) Nicholas

16. BIRTHPLACE (city or town)

(State or country)

Church Creek17. INFORMANT Catharine Nicholas

(Address)

2 Skinner's Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Waugh Cemetery Date Dec 14, 1931

19. UNDERTAKER

(Address)

17 1/2 Main StCambridge Md

20. FILED

(Date)

Dec. 14, 1931E. E. Woff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December10(Month) (Day), 1931 (Year)22. I HEREBY CERTIFY. That I attended deceased from January 26, 1931, to December 10, 1931; last saw him alive on December 10, 1931; death is said to have occurred on the date stated above, at 8:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

ArteriosclerosisAngostismHypertensionCerebral HemorrhageHemiplegia (left side)

Other Contributory Causes of Importance:

Hypotonia ConvulsivaDate of onset 1920192419292-20-312-20-31Name of operation noneDate of -What test confirmed diagnosis? ChemicalWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury -

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury -Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Cayule 97 St Clair M. D.(Address) Time + Cedar St

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	JAN 7 1932	1921
Cerebral hemorrhage		July 5, 1927
	BUREAU V.	

Example II

Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

14343

116

1. PLACE OF DEATH

County.

Dorchester

7ra

Registration Dist. No.

Village or City.

Cambridge Md.

St.

Ward

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Walter F. Rumsey

Pleasant

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

Se. If married, widowed, or divorced
HUSBAND of
(or) WIFE

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than
43 5 0 1 1 day, hrs.
or min.

July 22, 1888

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at
this occupation (month and
year)

Farmer

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md

Date of onset

11/1/31

21. DATE OF DEATH

Dec 23

(Day)

1931
(Year)22. I HEREBY CERTIFY. That I attended deceased from
Dec 10, 1931, to Dec 23, 1931.I last saw him alive on Dec 22, 1931; death is said
to have occurred on the date stated above, at 3 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pernicious Anemia

Date of onset

11/1/31

Other Contributory Causes of Importance

Bronchitis pneumonia

12/20/31

MOTHER

FATHER

13. NAME

Charles E. Rumsey

14. BIRTHPLACE (city or town)
(State or country)

Md

Date of

Examination

Was there an autopsy? No

15. MAIDEN NAME

Julia A. Plasma

16. BIRTHPLACE (city or town)
(State or country)

Md

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

17. INFORMANT

Carl Rumsey

(Address)

Manner of Injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Dec 26, 1931

19. UNDERTAKER

Frank E. Albaugh

(Address)

20. FILED Dec 24, 1931

E. H. Wolff

Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John Mace Jr.

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		
County Dorchester		
Village or City Ellwood (No.)		
2 FULL NAME Francis Alfreda Russell		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Female	4 COLOR OR RACE Colored	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant
6 DATE OF BIRTH		October 8th, 1931 (Month) (Day) (Year)
7 AGE		IF LESS than yrs. 2 mos. 10 ds. or min.?
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		Infant
9 BIRTHPLACE (State or country)		Dorchester.
10 NAME OF FATHER		Forest Russell
11 BIRTHPLACE OF FATHER (State or country)		Virginia
12 MAIDEN NAME OF MOTHER		Helen Jones
13 BIRTHPLACE OF MOTHER (State or Country)		Caroline
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) Forest Russell		
(Address) Ellwood, Md.,		
15 Filed Dec. 28 1931 Robert L Hastings T Registrar		

14344

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 110

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Dec. 28, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from *Sane for at my office over* ¹⁹² *bed 27*, 1931, that I last saw her alive on ¹⁹² and that death occurred on the date stated above, at ¹⁹². The CAUSE OF DEATH * was as follows:
Labor Eclampsia

(Duration) yrs. mos. 6 ds.

Contributory
Secondary(Duration) yrs. mos. ds.
(Signed) *K. G. Rogers* M. D.
192... (Address) *Thurmont, Md.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
John's Cemetery
DATE OF BURIAL
Dec. 28 193120 UNDERTAKER
Forest Russell
ADDRESS
Ellwood, Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (Retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthma*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uræmia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 5 1932

EUR

STATE OF MARYLAND—CERTIFICATE OF DEATH

14345

1. PLACE OF DEATH

County Dorchester
 Village or City Cambridge

Length of residence in city or town where death occurred _____ yrs.

Registration Dist. No. 116

No. Cambridge, Md. Street St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. mos. ds.

2. FULL NAME Infant Shuster(a) Residence: No. Cambridge, R. F. D. 1 St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Dec 1-1931

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>Still-born</u>			

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Ind.13. NAME Charles E. Shuster14. BIRTHPLACE (city or town)
(State or country) Ind.15. MAIDEN NAME Hilda Marshall16. BIRTHPLACE (city or town)
(State or country) Ind.17. INFORMANT Hospital Records
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, R. F. D. Date Dec. 2, 193119. UNDERTAKER Frank Albaugh(Address) Cambridge, Md.20. FILED Dec 2, 1931 E. E. Wolff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 1, 1931

(Month) (Day), (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 1, 1931, to now, 19____; death is saidto have occurred on the date stated above, at 10:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still-born

Other Contributory Causes of importance:

Placenta Praevia (complete)Name of operation VenaeDate of Dec 1-1931

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address) E. E. Wolff M. D. Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

	Date of onset		
Arteriosclerosis	1915		
Chronic interstitial nephritis	1921		
Cerebral hemorrhage	July 5, 1927		
BUREAU V.S.			
Other contributory causes of importance:			
Gallstones	May 1, 1923		

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

	Date of onset		
	1 week ago		
	1 week ago		
	3 days ago		
Other contributory causes of importance:			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

14346

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge, Md.Length of residence in city or town where death occurred 1 yrs.

108

Registration Dist. No. 116

St. _____ Ward _____

No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Cambridge, Md.

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Feb. 1, 19287. AGE Years 3 Months 10 Days 2 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. None10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

FATHER

13. NAME Ray J. Slamm14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Lillian M. Lloyd16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT
(Address) Ray J. Slamm
Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date Dec. 27, 193119. UNDERTAKER
(Address) Frank E. Albaugh
Cambridge, Md.20. FILED Dec. 26, 1931Registrar. E. D. Wolff

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 25, 1931 (Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from
Dec. 17, 1931, to Dec. 25, 1931.I last saw him alive on Dec. 25, 1931; death is said
to have occurred on the date stated above, at 3:15 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pneumonia - Bronchitis
Gastric HemorrhageDate of onset
Dec. 23, 1931
Dec. 25, 1931

Other Contributory Causes of importance:

Cirr. nephritis

?

Name of operation _____

Date of _____

What test confirmed diagnosis? HemotaxyWas there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. E. Wolff

M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1933-12-12-10-01-13-192861

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADEING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Dor near Harlock

14347

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 110

Village or City _____ (No. _____)

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Smullen2 FULL NAME Avery Smullen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>C</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
----------------	--------------------------	--

6 DATE OF BIRTH Dec 22, 1931
(Month) (Day) (Year)

7 AGE 2 yrs. mos. ds. If LESS than
1 day hrs.
or min?

8 OCCUPATION
 (a) Trade, profession or particular kind of work _____
 (b) General nature of industry business, or establishment in which employed or (employer) _____

9 BIRTHPLACE
(State or country) Harlock md.

10 NAME OF FATHER Avery Smullen

11 BIRTHPLACE OF FATHER
(State or country) md.

12 MAIDEN NAME OF MOTHER Mary Washington

13 BIRTHPLACE OF MOTHER
(State or Country) md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Avery Smullen

(Address) Harlock

15 Filed Dec 23 1931 P. L Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 22, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,

that I last saw h alive on 192,
and that death occurred on the date stated above, at 192.
The CAUSE OF DEATH * was as follows:

(Duration) 1 yr. mos. ds.

Contributory
Secondary

(Duration) 1 yr. mos. ds.

(Signed) L. G. Draper M. D.

192 (Address) Harlock

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 1 yr. mos. ds. In the State 1 yr. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Skinner's Run DATE OF BURIAL Dec 23, 1931

20 UNDERTAKER Avery Smullen Harlock ADDRESS Harlock

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worker may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doy Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (Retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebral Meningitis*); *Epidemic cerebro-spinal meningitis*; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

JAN 5 1932

BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemic," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Dorchester

14348

STATE OF MARYLAND
CERTIFICATE OF DEATH

93-C

Registration Dist. No. 116

Village or City Cambridge (No. 100)

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bessie Sparks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

single

6 DATE OF BIRTH

Unknown 1880
(Month) (Day) (Year)

7 AGE

51 yrs. If LESS than
mos. 1 day hrs.
ds. or min?

8 OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed or (employer)

None

9 BIRTHPLACE
(State or country)

Maryland

10 NAME OF
FATHER

Raison Sparks

11 BIRTHPLACE
OF FATHER
(State or country)

Maryland

12 MAIDEN NAME
OF MOTHER

Unknown

13 BIRTHPLACE
OF MOTHER
(State or Country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Record

(Address) Eastern Shore State Hosp

15 Filed Dec 26 1931

E E Wolf Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 25th 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from April 3rd 1930 to December 25th 1931, that I last saw her alive on December 25, 1931, and that death occurred on the date stated above, at 3:15 P.M. The CAUSE OF DEATH * was as follows:Chronic myocarditis
About 5 yrs. mos. ds.Contributory
Secondary(Signed) Charles Lapierre M. D.
Dec 25th 1931 (Address) Cambridge Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place 4 yrs. 10 mos. 8 ds. In the State Lifetime

Where was disease contracted, if not at place of death? Queen Anne's Co. Home

Former or usual residence Queen Anne's Co. Home

19 PLACE OF BURIAL OR REMOVAL

6 & Hospital Dec 26, 1931

20 UNDERTAKER Frank C. ADDRESS

Albaugh Cambridge Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day Laborer, Farm Laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

JAN 7 1932

BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14349

1. PLACE OF DEATH

County Dorchester

Village or City Bucktown, Md.

Registration Dist. No.

116

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Spear

(a) Residence: No. Bucktown, Md.
(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Initial the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) 12/16/31.

7. AGE Years Months Days If LESS than
Still Born 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. X
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Howard Spear

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Tinie Mae Jones.

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Howard Spear
(Address) Bucktown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bucktown, Md. Data 12/17/31

19. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.

20. FILED Dec. 5, 1931. E. Wolff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 5, 1931.

I HEREBY CERTIFY That I attended deceased from

Dec. 4, 1931, to Dec. 5, 1931.

I last saw him alive on 19 ; death is said

to have occurred on the date stated above, at 3:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Infantile paralysis

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cause of child Where an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) E. Wolff, County Clerk M.D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N.B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH
WITHIN CORPORATE LIMITS OF
County Dorchester

14350

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 116Village or City Bambridge (No.)

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ruth Stacks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<u>Female</u>	<u>White</u>	<u>S</u>

6 DATE OF BIRTH

Jan 7, 1931
(Month) (Day) (Year)

7 AGE

If LESS than
1 day ... hrs.
yrs. 6 mos. 16 ds. or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work none
 (b) General nature of industry business, or establishment in which employed or (employer) none

9 BIRTHPLACE

(State or country)

Bambridge Md

PARENTS

10 NAME OF FATHER

Russell J. Stacks

11 BIRTHPLACE

OF FATHER

(State or country)

Bambridge Md

12 MAIDEN NAME

OF MOTHER

Ruth Karcher

13 BIRTHPLACE

OF MOTHER

(State or Country)

Wingate Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ruth Stacks(Address) Bambridge Md15 Filed Dec. 24 1931 E.E. Wolff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 25, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec 23 1931 to Dec 23, 1931,that I last saw her alive on Dec 23, 1931, and that death occurred on the date stated above, at 10:30 A.M. The CAUSE OF DEATH * was as follows:Septicemia(Duration) yrs. mos. /4 ds.Contributory
SecondaryBrachio-pneumonia(Duration) yrs. mos. /2 ds.(Signed) P. H. Taaffe M. D.(Date) Dec 24 1931 (Address) Bambridge Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
Bambridge Cemetery
Bambridge Md DATE OF BURIAL
12/24/3120 UNDERTAKER
G. L. Campbell ADDRESS
Bambridge Md

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (c) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., etc., without more precise specification as *Doyer-laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired 6 yrs.).* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebro-synial meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

JAN 7 1932

RECEIVED

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 14351

82-a

1. PLACE OF DEATH

County Dorchester

Registration Dist. No. II6

Village or City Cambridge, Md.,

No. 27 High Street.

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Stewart.

(a) Residence: No. Cambridge, Md.,

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
		Married

5a. If married, widowed, or divorced
HUSBAND of **Mollie Leonard.**
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

2/29/1848.

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
84	9		28	

OCCUPATION **Retired**
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. **X**

10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation **X**

12. BIRTHPLACE (city or town)
(State or country) **Maryland**

MOTHER FATHER 13. NAME **James A. Stewart.**

14. BIRTHPLACE (city or town)
(State or country) **Maryland**

MOTHER 15. MAIDEN NAME **Rebecca Eckillston**

16. BIRTHPLACE (city or town)
(State or country) **Maryland.**

17. INFORMANT **Mrs. Mollie Stewart.**
(Address) **Cambridge, Md.,**

18. BURIAL, CREMATION, OR REMOVAL **Christ Church**)
Place **Cambridge, Md.** Date **12/29/31**

19. UNDERTAKER **Granville S. LeCompte.**
(Address) **Cambridge, Md.,**

20. FILED **Dec. 28, 1931** **E. E. Wiley**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 27th 1931
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

12/27/31 to **12/28/31**, death is said to have occurred on the date stated above, at **11:35 P.M.**

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

12/27/31
at **11:30 P.M.**

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? **No**

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **E. E. Wiley**
(Address) **Cambridge, Md.** M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis	JAN 2 1922	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	JAN 2 1922	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	DEPLAIS	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14353

1. PLACE OF DEATH

County Dbrchester
 Village or City Toddville, Md.

Registration Dist. No. 119

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard R. Todd.

(a) Residence: No. Toddville, Md.
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie A. Jones.

6. DATE OF BIRTH (month, day, and year) 1/18/1875

7. AGE Years 58	Months 10X	Days 25	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Jacob. Todd.

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Emma Willeyon.

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Bergie R. Todd.
(Address) Toddville, Md.,

18. BURIAL, CREMATION, OR REMOVAL Place Toddville, Md. Date 12/17/31

19. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.20. FILED Dec 6, 1931 Wilson D. Brichetto
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 5, 1931 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Oct 23, 1929, to Jan 10, 1930. I last saw him alive on Oct 23, 1929; death is said to have occurred on the date stated above, at 6 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis of the lungs

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 260

If so, specify

(Signed) P. H. Farmer M. D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	JAN 2 1932 Date of onset 1921
Cerebral hemorrhage	July 5, 1927 Date of onset FEBRUARY 5

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(1) N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14354

1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF

County Dorchester

Village or City Cambridge

Registration Dist. No. 116

St.

Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Townsend

(a) Residence: No. Maryland Ave. (Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

Elizabeth Townsend.

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
89	2		29	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1930

1923

12. BIRTHPLACE (city or town) Maryland.
(State or country)

Other Contributory Causes of importance:

Arteritis - Sclerosis

?

13. NAME James F. Townsend

14. BIRTHPLACE (city or town) Maryland.
(State or country)Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory Exam Was there an autopsy? No

15. MAIDEN NAME Sarah McCready

16. BIRTHPLACE (city or town) Maryland.
(State or country)Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory Exam Was there an autopsy? No17. INFORMANT Mr. Richard Flores
(Address) Cambridge, Md.23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19_____
Where did injury occur? _____ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.18. BURIAL, CREMATION, OR REMOVAL
Place E. New Market, Md. Date Dec. 23, 1931Manner of injury _____
Nature of injury _____19. UNDERTAKER H. H. Willoughby
(Address) East New Market, Md.24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed)

E. E. Wolff M. O.
(Address) Cambridge, Md.

20. FILED Dec. 22, 1931 E. E. Wolff Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	JAN 7 1932	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14355

V. S. No. 1
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County DorchesterVillage or City Fishing Creek.

Length of residence in city or town where death occurred

yrs. mos. ds.

Registration Dist. No. 115

St. Ward

No. If death occurred in a hospital or institution, give its NAME instead of street and number

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Emanuel Tyler

(a) Residence: No.

Fishing Creek, Md. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of Bertha May Phillips
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 7 - 1880

7. AGE Years <u>51</u>	Months <u>6</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General Merch10. Date deceased last worked at this occupation (month and year) Sept. 1931 | 11. Total time (years) spent in this occupation 1812. BIRTHPLACE (city or town) Fishing Creek, Md.
(State or country) Maryland13. NAME Matthew J. Tyler14. BIRTHPLACE (city or town) Fishing Creek,
(State or country) Md.15. MAIDEN NAME Angeline Creighton16. BIRTHPLACE (city or town) Fishing Creek,
(State or country) Maryland17. INFORMANT Sherman B. Meade
(Address) Fishing Creek, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date Dec. 4, 193119. UNDERTAKER Albaugh
(Address) Cambridge, Md.20. FILED Dec. 3, 1931 James W. Meade
Lucas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 2, 1931

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 23, 1931 to Dec. 2, 1931; death is saidI last saw him alive on Dec. 2, 1931 at 8:12 a.m.to have occurred on the date stated above, at 8:12 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Sober Pneumonia
Primary

Date of onset

Since Nov. 23, 1931

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James W. Meade M. D.
(Address) Fishing Creek, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JAN 8 1922

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14356

1. PLACE OF DEATH

County Dorchester

Village or City Galestown,

82-a

Registration Dist. No. 110

St.

Ward

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Luther E. Wheatley

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
-------------	------------------------	--

5a. If married, widowed, or divorced
HUSBAND of

(or) WIFE of Tryphenie Wheatley

6. DATE OF BIRTH (month, day, and year) June 6 1858

7. AGE Years Months Days If LESS than
73 7 3 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

9. Date deceased last worked at this occupation (month and year)

Farmer

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

13. NAME Seth Wheatley

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Charlottie Ellis

16. BIRTHPLACE (city or town) Del
(State or country)17. INFORMANT Mildred S. Wheatley
(Address) Seaford, Del. #318. BURIAL, CREMATION, OR REMOVAL
Place Galestown Date Dec 11th 193119. UNDERTAKER W. D. Gravenor & Bro.
(Address) Sharptown, Md.20. FILED Dec 11, 1931 J. W. Hastings
(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 9
(Month) (Day), 1931
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Apr., 1931, to Dec., 1931; last saw him alive on Dec. 3, 1931; death is said

to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterial Thrombosis

Date of onset
Dec 6, 1931

Other Contributory Causes of Importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. S. Tichman
(Address) Sharptown, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Feb. 6, 1922	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.E.	July 5, 1927

Other contributory causes of importance:		
Gallstones	May 1, 1923	

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:		
Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH
County Dorchester

WITHIN CORPORATE LIMITS OF

14357
159

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 116

Village or City Cambridge (No.) Cambridge Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Infant White

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED.
OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

Nov 28, 1831
(Month) (Day) (Year)

7 AGE

yrs.

mos.

3

ds.

If LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work.....
(b) General nature of industry business, or establishment in which employed or (employer).....

None

9 BIRTHPLACE

(State or country)

Maryland

10 NAME OF FATHER

Allie White

11 BIRTHPLACE OF FATHER

(State or country)

Maryland

12 MAIDEN NAME OF MOTHER

Catharine Henry

13 BIRTHPLACE OF MOTHER

(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Allie White

(Address)

Cambridge Md

15 Filed Dec. 2, 1931 E. E. Wolff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 1, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov 28, 1931 to Dec 1, 1931, that I last saw him alive on Dec 1, 1931, and that death occurred on the date stated above, at 2.30 P.M.. The CAUSE OF DEATH * was as follows:

Prematurity (6 1/2 mo.)

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) John Max G. M. D.
Dec 1, 1931 (Address) Cambridge Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death? Born in Hospital

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

E. N. Market

DATE OF BURIAL

Dec. 2, 1931

20 UNDERTAKER

Frank J. Albright ADDRESS Cambridge Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (c) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *septis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.